

No. 9-85
85-12**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Terrence J. MaguireAge 68 years months daysPlace of death 70 Newton St SouthboroughDate of death January 11, 1986Cause of death Ischemic Heart Disease
Congestive Heart FailureInterment at Rural CemeteryDate permit issued January 13, 1986Certified by Arnold J. Hill M.D.

9

No. 9-85**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Terrence J. Maguire

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
used of in accordance with its termsSouthborough Cemetery
(Name of cemetery or crematory) (City or town)January 14, 1986ified by William D. [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 86-2

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. S. Waterman - Eastman
1495 Comm. Ave. Boston MA -

Name of Deceased John Pendleton Acree

Age 40 years months days

Place of death Route 9 - Southborough Mass

Date of death February 18, 1986

Cause of death Blunt Impact - Neck Injury

Interment at Muir Chapel Cemetery Greensboro N.C.

Date permit issued February 19, 1986

Certified by Timothy P. Stone M.D.

No. 3-84**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sullivan-Fitzgerald

Name of Deceased

William A. Holmes, Sr.

Age

82

years

months

days

Place of death

72 Turpike Rd Southborough

Date of death

April 7-1986

Cause of death

Metastatic Carcinoma of Prostate
Chronic Lung Disease

Interment at

Emergreen Cemetery Marlboro

Date permit issued

April 9, 1986

Certified by

Robert C. Sumner M.D.No. 86-B**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to

Agent Board of Health
(Office issuing permit)

Town of

Southborough

Mass.

of deceased

William A. Holmes, Sr.

S. War Veteran, specify what war, organization, etc.

no**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
deposited in accordance with its termsEvergreen - Marlboro

(Name of cemetery or crematory)

(City or town)

April 10, 1986

Signed by

[Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 4-86**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Peter Wadsworth
Wadsworth Funeral HomeName of Deceased Ernest L. Kallander Sr.Age 84 years months daysPlace of death 8 Meadow Lane, SouthboroughDate of death April 18-1986Cause of death Atherosclerotic Heart Disease
CardiomyopathyInterment at Rural Cemetery, CremationDate permit issued 4-22-86Certified by Simothy P. Stone M.D.No. 4-86**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit) Anna A. Torcoteor Town of Southborough Mass.of deceased Ernest Lennart Kallander

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
used of in accordance with its termsNewton Crematory, Newton, MA.

(Name of cemetery or crematory)

(City or town)

April 23, 1986Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 86-5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. Rowe Funeral HomeName of Deceased John V. Finn Jr.Age 89 years months daysPlace of death 2 Brigham St. Southboro.Date of death May 1, 1986Cause of death Amyotrophic Lateral Sclerosis, DepressionInterment at Rural Cemetery Southboro.Date permit issued May 5, 1986Certified by Timothy P. Stone M.D.No. 86-5**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agnt: Board & Health
(Office issuing permit)or Town of Southborough Mass.of deceased John V. Finn Jr.

U. S. War Veteran, specify what war, organization, etc.

W I - Navy**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
used of in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)May 6, 1986ified by Walter M. Stone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 6-86**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Name of Deceased Neil SutherlandAge 71 years months daysPlace of death Southborough Rt 495Date of death June 23 - 1986Cause of death Blunt head, neck & chest impactInterment at Worcester County Memorial Park, Paxton, MADate permit issued June 24 - 1986Certified by Timothy P. Stone M.D.No. 6-86**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased Neil Sutherland

U. S. War Veteran, specify what war, organization, etc.

WW II - U S NAVY**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its terms

Worcester County Memorial Park Paxton, MA

(Name of cemetery or crematory)

(City or town)

June 26, 1986

Signed by John E. Hallen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Received and filed in the office of the town clerk on
July 7, 1986 at 9:00 A.M. PAUL J. BERRY, Town Clerk
PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



STATE OF NEW HAMPSHIRE

Burial Permit No.

BURIAL — TRANSIT PERMIT

City or Town of Bartlett

Full name of deceased Richard Francis Labarre
Place of death Bartlett Carroll N.H.
Date of death June 30, 1986 Color White Sex Male Age 59
Cause of death Cardiac Arrest
Method of disposal Burial Rural Cemetery
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)
Town or City Southboro County Worcester State Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given
to Donald C. Morris Address 40 Main St., Southboro, Mass.
(Funeral Director) 01772
to dispose of body of said deceased as above stated. Date Issued June 30, 1986
Signature Charles E. Sutton City or Town of Bartlett
(Town Clerk, Sub-Registrar, Agent City Board of Health)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW
Body was buried on July 8, 1986 in Southborough Rural Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery, Crematory, or Vault)
Town or City Southborough County Worcester State Massachusetts
If stored, Body was then on 19 in in
(State whether cremated, buried) (Place of final destination — Cemetery or Crematory)
Town or City D County State
Section etc. D
Lot No. 33 Grave No. 1 Signature William D. Supt.
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

No. 7-86**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Peter Widdoworth, Wadsworth Th. XumardName of Deceased June WilliamsAge 67 years months daysPlace of death 10 Winchester St SouthboroDate of death August 6, 1986Cause of death Terminal Carcinoma - BreastInterment at Rural CemeteryDate permit issued August 7 - 1986Certified by Robert H. Pittenhouse M.D.No. 7-86**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)r Town of Southborough Mass.of deceased June WilliamsU. S. War Veteran, specify what war, organization, etc.
_____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sent of in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)August 8 1986ified by Watson Dun
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 8-86.....**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of Deceased

Elizabeth Putnam Bruneck

Age

95

years

months

days

Place of death

359 Turnpike Rd. Southborough

Date of death

Oct 4 - 1986

Cause of death

Arteriosclerotic Heart Disease

Interment at

CremationCentral Cemetery, Beverly, Mass.

Date permit issued

Oct 4 - 1986

Certified by

Timothy P. Stone

M.D.

No. 85-11.....**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*

to

Agent Board of Health

(Office issuing permit)

or Town of

Southborough

Mass.

of deceased

Elizabeth Putnam Bruneck

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
used of in accordance with its terms**RURAL CEMETERY CREMATORY, WORCESTER, MASS.**

(Name of cemetery or crematory)

(City or town)

OCT 6 1986

Signed by

Arthur T. Scanlon, Jr.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 9-86**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Douglas C MorrisName of Deceased Mary Elizabeth FinnAge 93 years months daysPlace of death 361 Turnpike Rd, SouthboroDate of death December 20, 1986Cause of death Cerebral Thrombosis
Atherosclerotic Heart DiseaseInterment at Rural CemeteryDate permit issued December 20, 1986Certified by Timothy P Stone M.D.No. 4-86**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Mary Elizabeth Finn

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
posed of in accordance with its termsRural Cemetery Southborough Mass
(Name of cemetery or crematory) (City or town)December 23, 1986Certified by Joseph C Mauro
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 1-87**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Douglas Funeral Home

Name of Deceased

Harriet Berry Denham

Age

94

years months days

Place of death

77 Deerfoot Rd Southboro

Date of death

February 4, 1987

Cause of death

Cerebral Thrombosis
Atherosclerotic Heart Disease

Interment at

Westview Cemetery, Lexington, Mass

Date permit issued

February 6, 1987

Certified by

Timothy P. Stone, Jr.

M.D.

No. 1-87**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to

Agent of Board of Health

(Office issuing permit)

or Town of

Southborough

Mass.

e of deceased

Harriet Berry Denham

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
posed of in accordance with its termsWestview Cemetery

(Name of cemetery or crematory)

(City or town)

February 7, 1987

ified by

Dennis J. Pizzone

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2-87

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John P. Rowe Funeral Home Inc.

Name of Deceased Walter E. Concannon

Age 77 years months days

Place of death 12 Strawberry Hill Rd

Date of death May 8, 1987

Cause of death Coronary Sclerosis, Presumed

Interment at Milton Cemetery, Presumed Sudden

Date permit issued May 10, 1987

Certified by Timothy P. Stone M.D.

3/20/87

(INSTRUCTIONS ON REVERSE SIDE)

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

1230

STATE USE ONLY

STATE USE
ONLY

1.

2 PLACE 74

HOSPITAL 78

2.

3 RACE

4 NATIVITY 20

5 RESIDENCE 34

6 OUT OF
STATE 37

7 CENSUS 41

8 AUTOPSY

9 MED. EXAM.

BLACK INK ONLY

R-301R

1191

DECEDENT

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

DECEDENT - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (Mo. Day Yr.)
1 Bernard R. Myles		Male	May 10 1987
PLACE OF DEATH (CITY OR TOWN)	COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	
4a Worcester	4b Worcester	4c Worcester Memorial Hospital	
RACE (e.g. White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs)	DATE OF BIRTH (Mo. Day Yr.)	STATE OF BIRTH (If not in U.S.A. name country)
5 White	66	August 13 1920	8 Pennsylvania
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED	SPOUSE (If wife, give maiden name)	USUAL OCCUPATION (Prior - If Retired)	KIND OF BUSINESS OR INDUSTRY
9 Married	10 Marguerite L. Blackburn	11a Manager	11b Jewellery Sales
SOCIAL SECURITY NUMBER	IF U.S. WAR VETERAN SPECIFY WAR	RESIDENCE - STREET AND NUMBER CITY OR TOWN, COUNTY, STATE, ZIP CODE	
12 175-14-1013	13 WW II	14 14 State Street Westborough, Worcester, MA. 01581	
FATHER - FULL NAME	STATE OF BIRTH (If not in U.S.A. name country)	MOTHER NAME (GIVEN MAIDEN)	STATE OF BIRTH (If not in U.S.A. name country)
15a Walter Myles	15b PA.	16a Mary Glowacki	16b PA.
INFORMANT - NAME AND ADDRESS			RELATIONSHIP
17a Marguerite L. Myles 14 State Street Westborough MA. 01581			17b Spouse
TYPE OF DISPOSITION (Specify Burial, Cremation, Other)	DATE OF DISPOSITION	PLACE OF DISPOSITION AND LOCATION	CITY OR TOWN STATE
18a Burial	18b May 13 1987	18c Rural Cemetery	Southborough Massachusetts
FUNERAL SERVICE LICENSEE	NAME OF FACILITY	ADDRESS OF FACILITY	
19a Warren A. Rand	19b Rand-Harper Funeral Home	19c 62 W. Main St. Westborough	
20 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (PRINT OR TYPE LEGIBLY)			
PART I (a) Cardiovascular Arrest			Interval between onset and death
DUE TO OR AS A CONSEQUENCE OF			minutes
(b) Pneumococcal Sepsis			Interval between onset and death
DUE TO OR AS A CONSEQUENCE OF			24 hrs
(c) Pneumococcal Pneumonia			Interval between onset and death
DUE TO OR AS A CONSEQUENCE OF			2 days
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)			AUTOPSY (Yes or No)
hepatic failure and hepatic cirrhosis			21 NO
ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)			DATE OF INJURY (Mo. Day Yr.)
23			24a
INJURY AT WORK (Specify Yes or No)			24b
24c			24d
24e			24f
24g			24h
24i			24j
24k			24l
24m			24n
24o			24p
24q			24r
24s			24t
24u			24v
24w			24x
24y			24z
24aa			24ab
24ac			24ad
24ae			24af
24ag			24ah
24ai			24aj
24ak			24al
24am			24an
24ao			24ap
24aq			24ar
24as			24at
24au			24av
24aw			24ax
24ay			24az
24ba			24bb
24bc			24bd
24be			24bf
24bg			24bh
24bi			24bj
24bk			24bl
24bm			24bn
24bo			24bp
24bq			24br
24bs			24bt
24bu			24bv
24bw			24bx
24by			24bz
24ca			24cb
24cc			24cd
24ce			24cf
24cg			24ch
24ci			24cj
24ck			24cl
24cm			24cn
24co			24cp
24cq			24cr
24cs			24ct
24cu			24cv
24cw			24cx
24cy			24cz
24da			24db
24dc			24dd
24de			24df
24dg			24dh
24di			24dj
24dk			24dl
24dm			24dn
24do			24dp
24dq			24dr
24ds			24dt
24du			24dv
24dw			24dx
24dy			24dz
24ea			24eb
24ec			24ed
24ee			24ef
24eg			24eh
24ei			24ej
24ek			24el
24em			24en
24eo			24ep
24eq			24er
24es			24et
24eu			24ev
24ew			24ex
24ey			24ez
24fa			24fb
24fc			24fd
24fe			24ff
24fg			24fh
24fi			24fj
24fk			24fl
24fm			24fn
24fo			24fp
24fq			24fr
24fs			24ft
24fu			24fv
24fw			24fx
24fy			24fz
24ga			24gb
24gc			24gd
24ge			24gf
24gg			24gh
24gi			24gj
24gk			24gl
24gm			24gn
24go			24gp
24gq			24gr
24gs			24gt
24gu			24gv
24gw			24gx
24gy			24gz
24ha			24hb
24hc			24hd
24he			24hf
24hg			24hh
24hi			24hj
24hk			24hl
24hm			24hn
24ho			24hp
24hq			24hr
24hs			24ht
24hu			24hv
24hw			24hx
24hy			24hz
24ia			24ib
24ic			24id
24ie			24if
24ig			24ih
24ii			24ij
24ik			24il
24im			24in
24io			24ip
24iq			24ir
24is			24it
24iu			24iv
24iw			24ix
24iy			24iz
24ja			24jb
24jc			24jd
24je			24jf
24jg			24jh
24ji			24jj
24jk			24jl
24jm			24jn
24jo			24jp
24jq			24jr
24js			24jt
24ju			24jv
24jw			24jx
24jy			24jz
24ka			24kb
24kc			24kd
24ke			24kf
24kg			24kh
24ki			24kj
24kk			24kl
24km			24kn
24ko			24kp
24kq			24kr
24ks			24kt
24ku			24kv
24kw			24kx
24ky			24kz
24la			24lb
24lc			24ld
24le			24lf
24lg			24lh
24li			24lj
24lk			24ll
24lm			24ln
24lo			24lp
24lq			24lr
24ls			24lt
24lu			24lv
24lw			24lx
24ly			24ly
24ma			24mb
24mc			24md
24me			24mf
24mg			24mh
24mi			24mj
24mk			24ml
24mm			24mn
24mo			24mp
24mq			24mr
24ms			24mt
24mu			24mv
24mw			24mx
24my			24my
24na			24nb
24nc			24nd
24ne			24nf
24ng			24nh
24ni			24nj
24nk			24nl
24nm			24nn
24no			24np
24nq			24nr
24ns			24nt
24nu			24nv
24nw			24nx
24ny			24ny
24oa			24ob
24oc			24od
24oe			24of
24og			24oh
24oi			24oj
24ok			24ol
24om			24on
24oo			24op
24oq			24or
24os			24ot
24ou			24ov
24ow			24ox
24oy			24oy
24pa			24pb
24pc			24pd
24pe			24pf
24pg			24ph
24pi			24pj
24pk			24pl
24pm			24pn
24po			24pp
24pq			24pr
24ps			24pt
24pu			24pv
24pw			24px
24py			24py
24qa			24qb
24qc			24qd
24qe			24qf
24qg			24qh
24qi			24qj
24qk			24ql
24qm			24qn
24qo			24qp
24qq			24qr
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24qu			24qv
24qw			24qx
24qy			24qy
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24ro			24rp
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24rs			24rt
24ru			24rv
24rw			24rx
24ry			24ry
24sa			24sb
24sc			24sd
24se			24sf
24sg			24sh
24si			24sj
24sk			24sl
24sm			24sn
24so			24sp
24sq			24sr
24ss			24st
24su			24sv
24sw			24sx
24sy			24sy
24ta			24tb
24tc			24td
24te			24tf
24tg			24th
24ti			24tj
24tk			24tl
24tm			24tn
24to			24tp
24tq			24tr
24ts			24tt
24tu			24tv
24tw			24tx
24ty			24ty
24ua			24ub
24uc			24ud
24ue			24uf
24ug			24uh
24ui			24uj
24uk			24ul
24um			24un
24uo			24up
24uq			24ur
24us			24ut
24uu			24uv
24uw			24ux
24uy			24uy
24va			24vb
24vc			24vd
24ve			24vf
24vg			24vh
24vi			24vj
24vk			24vl
24vm			24vn
24vo			24vp
24vq			24vr
24vs			24vt
24vu			24vv
24vw			24vx
24vy			24vy
24wa			24wb
24wc			24wd
24we			24wf
24wg			24wh
24wi			24wj
24wk			24wl
24wm			24wn
24wo			24wp
24wq			24wr
24ws			24wt
24wu			24wv
24ww			24wx
24wy			24wy
24xa			24xb
24xc			24xd
24xe			24xf
24xg			24xh
24xi			24xj
24xk			24xl
24xm			24xn
24xo			24xp
24xq			24xr
24xs			24xt
24xu			24xv
24xw			24xx
24xy			24xy
24ya			24yb
24yc			24yd
24ye			24yf
24yg			24yh
24yi			24yj
24yk			24yl
24ym			24yn
24yo			24yp
24yq			24yr
24ys			24yt
24yu			24yv
24yw			24yx
24yy			24yy
24za			24zb
24zc			24zd
24ze			24zf
24zg			24zh
24zi			24zj
24zk			24zl
24zm			24zn
24zo			24zp
24zq			24zr
24zs			24zt
24zu			24zv
24zw			24zx
24zy			24zy
25a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated			25b On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title) <i>Kenneth Stevens</</i>			

No. 3-81.....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John J. Kazlauskas, J.D.Name of Deceased Susan Jane StellingAge 28 years..... months..... daysPlace of death Mass
Jungike @ M180 - SouthboroughDate of death June 3 - 1987Cause of death Concussion + Positional AsphyxiaInterment at Cremation
Mint Lynn Crematorium, Norfolk, EnglandDate permit issued June 8, 1987Certified by Samuel P. Stone M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to _____

(Office issuing permit)

City or Town of Saunders Mass.Name of deceased Jacqueline SpauldingIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Benedict W Rox

(Name of cemetery or crematory)

(City or town)

on 7-7-87Certified by Chas. Flaherty, Esq.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Boston Catholic Cemetery Association

366 CUMMINS HIGHWAY
ROSLINDALE, MASS. 02131

TELEPHONE 325-6830



DORCHESTER CEMETERY
MT. CALVARY CEMETERY
NEW CALVARY CEMETERY
MT. BENEDICT CEMETERY

September 10, 1987

Mrs. Sena Jorcoletti
34 Latisquama Road
Southboro, MA 01772

Dear Mrs. Jorcoletti:

Enclosed is the burial permit that you
returned to this office.

Our records show that Josephine Dindio's
last address was 15 Carolyn Terrace, Southboro,
MA.

Sincerely yours,

John Kelley, Business Agent
BOSTON CATHOLIC CEMETERY
ASSOCIATION

JK:dg

No. 4-87.....**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Donald C Morris

Issued to

Leo J. Pessini

Name of Deceased

Leo J Pessini

Age.....

80

years.....

months.....

days

Place of death.....

Southboro

Date of death.....

July 19, 1987

Cause of death.....

Interment at

Central Cemetery

Date permit issued

July 20, 1987

Certified by

Martin Vogel

M.D.

No. 6-87**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Richard P. ArmellaniAge 86 years months daysPlace of death 441 Boston Rd SouthboroughDate of death October 10, 1987Cause of death Acute Myelogenous leukemiaInterment at Rural Cemetery, SouthboroDate permit issued October 13, 1987Certified by Timothy P. Stone M.D.No. 6-87**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased Richard P. Armellani

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sed of in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)October 14, 1987ified by William D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 7-87**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald Morris Funeral HomeName of Deceased Frank J. Rossi Sr.Age 80 years months daysPlace of death 7 New Hill Rd SouthboroDate of death 11-16-87Cause of death Renal failure Cirrhosis, hepatic, chronic, severeInterment at Rural CemeteryDate permit issued November 17, 1987Certified by Timothy P. Stone M.D.No. 7-87**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agate - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Frank J. Rossi

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)November 19, 1987Certified by Walter J. Stone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 1-88.....**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Donald C Morris

Name of Deceased

Felma J. & Edwin Bates

Age

48

years

months

days

Place of death

7 Burghard Drive

Date of death

March 9, 1988

Cause of death

Asphyxia due to carbon monoxide
Inhalation, suicide

Interment at

Fairview Cemetery, Wrentham, Mass

Date permit issued

March 11, 1988

Certified by

Timothy P. Stone

M.D.

No. 2-88**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of Deceased Victor M. BenkaskiAge 72 years months daysPlace of death 116 Marlboro Rd SouthboroughDate of death April 24, 1988Cause of death Carcinoma, metastatic
Carcinoma, lung, type unspecifiedInterment at Rural Cemetery SouthboroughDate permit issued April 25, 1988Certified by Livingston P. Stone M.D.No. 2-88**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)r Town of Southborough Mass.of deceased Victor M. Benkaski

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*ereby certify that the body accompanying this permit was
sed of in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)April 26, 1988fied by William D. ...
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 3-88**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John P. Rows

Name of Deceased

Nellie Galanis

Age

80

years

months

days

Place of death

22 Stowe Rd

Date of death

May 9, 1988

Cause of death

Cardiopulmonary Arrest
Presumed Coronary Artery Disease

Interment at

Immaculate Conception Cemetery
Marlboro

Date permit issued

May 10, 1988

Certified by

Howard D. Kichenbaum

M.D.

No. 3-88**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to

Agent: Board of Health
(Office issuing permit)

or Town of

Southborough

Mass.

of deceased

Nellie Galanis

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
used in accordance with its termsImmaculate Conception Marlboro
(Name of cemetery or crematory) (City or town)May 13, 1988

ified by

Rev. Paul J. McLaughlin
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

MAY 27, 1988

at 1:20 PM

TOWN CLERKS OFFICE

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



STATE OF NEW HAMPSHIRE

BURIAL—TRANSIT PERMIT

Burial Permit No 1988

City or Town of Alton

Full name of deceased ARTHUR L. LACOMBE
 Place of death Alton Belknap N.H.
 (Town or City) (County) (State)
 Date of death May 23, 1988 19 White Male Age 74
 Cause of death Respiratory Failure
 Method of disposal Burial
 (Whether burial, cremation, transportation, storage, etc. - If storage see over) (Cemetery, Crematory, or Vault)
 Town or City Rural Cemetery Southborough State MA.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
 Robert Peaslee, C.E. Peaslee & Son F.H.
 (Funeral Home) Town or City Alton, NH

to dispose of body of said deceased as above stated. Date Issued May 24, 1988
 Signature Wendell R. Jones City or Town of Alton
 (Town Clerk, Sub-Registrar, Agency City Board of Health)

CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in on 19
 (Name of storage vault)

Town or City State
 Signature
 (Sexton or person in charge of storage vault)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on May 25, 1988 in Southborough Rural Cemetery
 (State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)
 Town or City Southborough State MA Section B-East
 Lot No. 27 North Grave No. 4 Signature Walter Miller
 (Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.
 FORM BT-1, 8/85

IMPORTANT! SEE OTHER SIDE


(SEE OTHER SIDE)

This permit must accompany remains to destination.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTHDIVISION OF VITAL RECORDS
RICHMOND, VIRGINIA

OUT-OF-STATE TRANSIT PERMIT

6/9/88 at 1:00 P.M.

FULL NAME OF DECEASED <u>Marston Collingston Green</u>		AGE <u>73</u>
PLACE OF DEATH <u>Nassawadox, VIRGINIA</u> (City or County)	DATE OF DEATH <u>June 4, 1988</u> (Month Day Year)	
SEX <u>Male</u>	RACE OR COLOR <u>Caucasian</u>	
DESTINATION TO WHICH REMAINS TO BE SENT <u>Rural Cemetery Southboro, Mass.</u> (City or County)		(State)
A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to:		
Funeral Director <u>R.C. Doughty</u> Address <u>Box 633 Exmore, Va. 23350</u>		
To transport said deceased as stated above.		
DATE ISSUED <u>6-6-88</u>	REGISTRATION DISTRICT NO. <u>165</u>	SIGNATURE OF REGISTRAR 

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



RECEIVED
7-6-88

@ 11:02 A.M.

STATE OF NEW HAMPSHIRE

BURIAL — TRANSIT PERMIT

Burial Permit No. 1118

City or Town of CONCORD, N. H.

Full name of deceased Eleanor F. MacDonald
Place of death Concord Merrimack NH
(Town or City) (County) (State)
Date of death June 30 19 88 Color White Sex Female Age 83
Cause of death Stroke; recurrant and acute
Method of disposal Burial Rural Cemetery
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)
Town or City Southboro State MA

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
Donald C. Morris Funeral Home Town or City Southboro, MA
(Funeral Home)
to dispose of body of said deceased as above stated Date Issued July 1, 1988
Signature (Town Clerk, Sub-Registrar, Agent, City Board of Health) City or Town of CONCORD, N. H.

CEMETERY OR STOARGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in, on 19
(Name of storage valut)
Town or City State
Signature (Sexton or person in charge of storage vault)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on July 2 19 88 in Southborough Rural Cemetery
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)
Town or City Southborough State MA Section B-EAST
Lot No. 22 Grave No. 3 Signature Walter M. Davis
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

FORM BT-1, 8/85

IMPORTANT! SEE OTHER SIDE

No. 4-88

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to James Gragorian

Name of Deceased Kohar Der Mousesian

Age 87 years months days

Place of death 1 Fairview Drive Southboro

Date of death June 22, 1988

Cause of death Metastatic Carcinomatosis
Ovarian Cancer

Interment at Mt Hope Cemetery Boston

Date permit issued June 23, 1988

Certified by Donald Love M.D.

No. 4-88

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Board of Health Agent 01772
(Office issuing permit)

or Town of Southborough Mass.

e of deceased Kohar Der Mousesian

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
used of in accordance with its termsMount Hope Boston
(Name of cemetery or crematory) (City or town)

June 25, 1988

fied by A. J. Melli T.D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5-88

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of Deceased Agnes Ferguson

Age 75 years months days

Place of death 8 Bryden Road, Southboro

Date of death July 3, 1988

Cause of death Metastatic small cell Carcinoma of lung

Interment at Rural Cemetery, Southboro

Date permit issued July 5, 1988

Certified by Carol A. Cola, M.D.
55 Lake St. Worcester

No. 9-88

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent: Board of Health
(Office issuing permit)

Town of Southborough Mass.

of deceased Agnes Ferguson

J. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)

July 5, 1988

Signed by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
PERMIT FOR BURIAL - TRANSIT

PERMIT
NUMBER 48563

1. FULL NAME OF DECEASED FLORENCE P SLACK			8. DATE OF DEATH (Mo., Day, Yr.) 8/16/88		
3. SEX FEMALE	4. RACE WHITE	5. AGE 83	6a. PLACE OF DEATH (City or Town) GREAT MOOSE DRIVE HARTLAND		6b. STATE MAINE
7a. NAME OF FUNERAL ESTABLISHMENT OR AUTHORIZED PERSON BROWN FUNERAL HOME		7b. BUSINESS ADDRESS 24 High Street Newport		7c. LICENSE NUMBER 09174 (Funeral Establishment)	
8. TYPE OF PERMIT <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> TEMPORARY STORAGE <input type="checkbox"/> USE BY MEDICAL SCIENCE <input type="checkbox"/> DISINTERMENT <input checked="" type="checkbox"/> REMOVAL FROM STATE					
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> COMPLETED DEATH CERTIFICATE <input type="checkbox"/> REPORT OF DEATH (Funeral Directors Only) <input checked="" type="checkbox"/> MEDICAL EXAMINER'S RELEASE FOR CREMATION, BURIAL AT SEA, USE BY MEDICAL SCIENCE, REMOVAL FROM STATE <input type="checkbox"/> NOT APPLICABLE DISINTERMENT					
10. PLACE OF DISPOSITION RURAL CEMETERY SOUTHBORO MA					11. DATE OF DISPOSITION 8/19/88 (Mo., Day, Yr.)

PERMISSION IS HEREBY GRANTED TO REMOVE AND
DISPOSE OF THE DEAD BODY IDENTIFIED ABOVE

12. SIGNATURE OF CLERK OR SUBREGISTRAR ► <i>Heborah Robertson</i>		13. CITY OR TOWN NEWPORT, ME		14. DATE SIGNED 8/17/88 (Mo., Day, Yr.)	
DISPOSITION					
<input type="checkbox"/> BODY WAS DISINTERRED		15. DATE (Mo., Day, Yr.)			
		16. NAME OF CEMETERY OR VAULT			
		17. LOCATION			
		18. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL ►			
<input type="checkbox"/> BODY WAS PLACED IN RECEIVING VAULT		19. DATE (Mo., Day, Yr.)			
		20. NAME OF CEMETERY OR VAULT			
		21. LOCATION (City) (State)		22. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL ►	
BODY WAS: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED		23. DATE (Mo., Day, Yr.) 8/19/88			
		24. NAME OF CEMETERY OR CREMATORY Southborough Rural Cemetery			
		25. LOCATION (City) (State) Southborough MA		26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL ► <i>Walter Dan</i>	
BODY WAS: <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> REMOVED TO A MEDICAL SCHOOL <input checked="" type="checkbox"/> REMOVED FROM STATE		27. DATE (Mo., Day, Yr.) 8/19/88			
		28. NAME OF MEDICAL SCHOOL OR OTHER DESTINATION Morris Funeral Home			
		29. LOCATION Southboro Mass		30. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON ► <i>Philip W. Dan</i>	

PLACE OF FINAL DISPOSITION

No. 6-88.....**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C Morris.....Name of Deceased Noreen P. McSherry.....Age 61 years..... months..... daysPlace of death 14 Partridge Hill Rd.
Southboro.....Date of death 11-16-88.....Cause of death Malignant Glioma of Brain.....Interment at Rural Cemetery Worcester.....Date permit issued November 18, 1988.....Certified by Frank J. Coco.....M.D.No. 87.....**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health - Agent
(Office issuing permit)r Town of Southboro..... Mass.of deceased NOREEN P. McSHERRY.....U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*ereby certify that the body accompanying this permit was
sed of in accordance with its terms**RURAL CEMETERY CREMATORY, WORCESTER, MASS.**

(Name of cemetery or crematory)

(City or town)

NOV 18 1988

ified by Arthur T. Seasholtz, Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 1-89**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Sara Louise BaldelliAge 79 years months daysPlace of death 3 Pleasant St. SouthboroDate of death January 9, 1989Cause of death Crownary Heart Disease
Hypertension, Diabetes, OverweightInterment at Rural CemeteryDate permit issued January 12, 1989Certified by Timothy P. Stone M.D.No. 5-86**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agmt - Board of Health
(Office issuing permit)r Town of Southboro Mass.of deceased Sara L. Baldelli

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was
sed of in accordance with its termsRural Cemetery Southboro, MA.
(Name of cemetery or crematory) (City or town)JAN. 13, 1989fied by E. G. Mooney III
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
PERMIT FOR BURIAL - TRANSIT**

**PERMIT
NUMBER**

30261

1. FULL NAME OF DECEASED <p style="text-align: center;">Anne M. Kingsbury</p>				2. DATE OF DEATH (Mo., Day, Yr.) <p style="text-align: center;">Feb. 16, 1989</p>	
3. SEX <p style="text-align: center;">F</p>	4. RACE <p style="text-align: center;">W</p>	5. AGE <p style="text-align: center;">88</p>	6a. PLACE OF DEATH (City or Town) <p style="text-align: center;">Brunswick</p>		6b. STATE <p style="text-align: center;">Maine</p>
7a. NAME OF FUNERAL ESTABLISHMENT OR AUTHORIZED PERSON <p>Stetson's Funeral Home</p>			7b. BUSINESS ADDRESS <p style="text-align: center;">Brunswick</p>		7c. LICENSE NUMBER (Funeral Establishment) <p style="text-align: center;">09137</p>
8. TYPE OF PERMIT <input type="checkbox"/> BURIAL <input type="checkbox"/> TEMPORARY STORAGE <input type="checkbox"/> DISINTERMENT <input type="checkbox"/> CREMATION <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> USE BY MEDICAL SCIENCE <input checked="" type="checkbox"/> REMOVAL FROM STATE					
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> COMPLETED DEATH CERTIFICATE <input type="checkbox"/> REPORT OF DEATH (Funeral Directors Only) <input checked="" type="checkbox"/> MEDICAL EXAMINER'S RELEASE FOR CREMATION, BURIAL AT SEA, USE BY MEDICAL SCIENCE, REMOVAL FROM STATE <input type="checkbox"/> APPLICATION OR COURT ORDER FOR DISINTERMENT					
10. PLACE OF DISPOSITION <p style="text-align: center;">Rural Cemetery, Southboro, Mass</p>					11. DATE OF DISPOSITION (Mo., Day, Yr.) <p style="text-align: center;">2/20/89</p>

PERMISSION IS HEREBY GRANTED TO REMOVE AND
DISPOSE OF THE DEAD BODY IDENTIFIED ABOVE

12. SIGNATURE OF CLERK OR SUBREGISTRAR 		13. CITY OR TOWN <p style="text-align: center;">Brunswick, Maine</p>		14. DATE SIGNED (Mo., Day, Yr.) <p style="text-align: center;">2/17/89</p>	
DISPOSITION					
<input type="checkbox"/> BODY WAS DISINTERRED	15. DATE (Mo., Day, Yr.)		16. NAME OF CEMETERY OR VAULT		
	17. LOCATION		18. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
<input type="checkbox"/> BODY WAS PLACED IN RECEIVING VAULT	19. DATE (Mo., Day, Yr.)		20. NAME OF CEMETERY OR VAULT <p style="text-align: center;">12</p>		
	21. LOCATION (City or Town) (State)		22. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
BODY WAS: <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED	23. DATE (Mo., Day, Yr.)		24. NAME OF CEMETERY OR CREMATORY		
	25. LOCATION (City or Town) (State)		26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
BODY WAS: <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> REMOVED TO A MEDICAL SCHOOL <input checked="" type="checkbox"/> REMOVED FROM STATE	27. DATE (Mo., Day, Yr.) <p style="text-align: center;">2/20/89</p>		28. NAME OF MEDICAL SCHOOL OR OTHER DESTINATION <p style="text-align: center;">Rural Cemetery</p>		
	29. LOCATION <p style="text-align: center;">Southboro, Mass</p>		30. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON 		

1. PLACE OF FINAL DISPOSITION

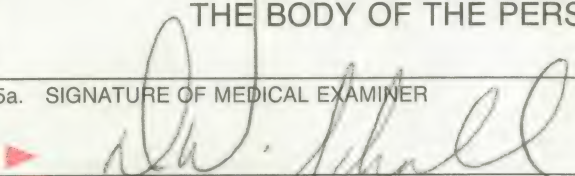
STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
MEDICAL EXAMINERS RELEASE OF A DEAD BODY

1. FULL NAME OF DECEASED <div style="text-align: center; margin-top: 10px;">Anne M. Kingsbury</div>	2. DATE OF DEATH Feb. 16 (Mo.) 1989 (Yr.)
--	--

3. PLACE OF DEATH (City or Town) <div style="text-align: center; margin-top: 10px;">Brunswick</div>
--

4. TYPE OF DISPOSITION: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> CREMATION</div><div><input type="checkbox"/> BURIAL AT SEA</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> USE BY MEDICAL SCIENCE</div><div><input checked="" type="checkbox"/> REMOVAL FROM STATE</div></div>
--

I HEREBY CERTIFY THAT I HAVE MADE PERSONAL INQUIRY INTO THE DEATH OF THE ABOVE NAMED PERSON, INCLUDING THE CAUSE AND MANNER. I AM SATISFIED THAT NO FURTHER EXAMINATION OR JUDICIAL INQUIRY CONCERNING THIS DEATH IS NECESSARY AND HEREBY RELEASE FOR CREMATION, BURIAL AT SEA, USE BY MEDICAL SCIENCE, OR REMOVAL FROM THE STATE, THE BODY OF THE PERSON NAMED HEREON.

5a. SIGNATURE OF MEDICAL EXAMINER <div style="text-align: center; margin-top: 10px;"></div>	5b. DATE SIGNED 2/17/89 <small>(Mo., Day, Yr.)</small>
---	--

6. NAME OF MEDICAL EXAMINER (Type or Print) <div style="text-align: center; margin-top: 10px;">David W. Schall M.D. M.E.</div>

7. ADDRESS OF MEDICAL EXAMINER <div style="text-align: center; margin-top: 10px;">Baribeau Drive</div>

<div style="text-align: center; margin-top: 10px;">Brunswick, Maine 04011</div>

FACILITY OF FINAL DISPOSITION

No. 2-89**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Orman R SanbornAge 85 years months daysPlace of death 240 Parkville Rd SouthboroDate of death February 23, 1989Cause of death Metastatic Lung Cancer -
Chronic Obstructive Pulmonary DiseaseInterment at Rural Cemetery SouthboroDate permit issued February 24, 1989Certified by Sew-Heong Kwan M.D.

9

No. 86-7**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Board of Health
(Office issuing permit)or Town of Southboro Mass.of deceased ORMAN R. SANBORN

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
received in accordance with its termsRURAL Cemetery Southboro, MA
(Name of cemetery or crematory) (City or town)Feb. 25, 1989Signed by A. G. Mooney
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

#2

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY		DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
		1 Drman R			Sanborn		M	February 23, 1989
4a PLACE		PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (if not in other, give street and number)		
		4a Southboro		4b Worcester		4c 240 Parkerville Road		
4c HOSP.		HOSPITAL: (Check only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR
		5				8 018-07-4660A		7 NO
5. TYPE		11 DECEASED		WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RACE (e.g. White, Black, American Indian, etc.) (Specify): 1b White		DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) College (1-4, 5+) 8
7. VET.		AGE - Last Birthday (Yr.) 10a 85		UNDER 1 YEAR MOS. DAYS 10b		UNDER 1 DAY HOURS MINS 10c		DATE OF BIRTH (Mo., Day, Yr.) 10d December 7, 1903
		12 MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name) 12a Eva C. Willis		USUAL OCCUPATION (Prior - if retired) 14a Machinist		KIND OF BUSINESS OR INDUSTRY 14b Public Works
8. HISP RACE		RESIDENCE - NO. & ST., CITY/TOWN, STATE/COUNTRY 12b 240 Parkerville Road, Southboro, Worcester, Massachusetts		CITY/TOWN, STATE/COUNTRY 12c Southboro, Massachusetts		ZIP CODE 15a 01772		STATE OF BIRTH (If not in U.S., name country) 16 Austin Sanborn
9. EDUC.		FATHER - FULL NAME 16 Austin Sanborn		STATE OF BIRTH (If not in U.S., name country) 17 New Hampshire		MOTHER - NAME (GIVEN) (MAIDEN) 18 Addie Hodge		STATE OF BIRTH (If not in U.S., name country) 19 Massachusetts
10. AGE		INFORMANT'S NAME 20 Eunice L. Floyd		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 21 240 Parkerville Road Southboro, Massachusetts 01772		RELATIONSHIP 22 daughter		
11. NATIVITY		METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE 23 <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.		FUNERAL SERVICE LICENSEE 24 Donald C. Morris		FUN. SERVICE LICENSE # 25 29880		
12. MARITAL		PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) 26a Rural Cemetery		LOCATION (City/Town, State) 26b Southboro, Massachusetts				
15. RESID.		DATE OF DISPOSITION (Mo., Day, Yr.) 27 February 25, 1989		NAME OF FACILITY 28a Donald C. Morris Funeral Home		ADDRESS OF FACILITY 28b 40 Main Street, Southboro.		
23. DISP.		29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Lung Cancer		Approximate Interval Between Onset and Death 1 year		
31-32 AUTOP.		b. COPD		c.		d.		
33. MED EXAM		PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.		WAS AUTOPSY PERFORMED? (Yes or No) 31 NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 32		
A. MANNER		30 WAS CASE REFERRED TO MED EXAM? (Yes or No) 33		34 MANNER OF DEATH NATURAL <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/>		DATE OF INJURY (Mo., Day, Yr.) 35a		TIME OF INJURY 35b
35C. WORK INJ		DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify: 35a		LOCATION (No. & St., City/Town, State) 35i		
35F. PLACE		36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) Sew-Leon Kwa		DATE SIGNED (Mo., Day, Yr.) 35b Feb 23rd 89		HOUR OF DEATH 36c 6:45A M		
36-37 CERT		NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER 35d		NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) 36 SEW-LEON KWA, 56, PROCTOR ST. FRAM. MA 01701		DATE SIGNED (Mo., Day, Yr.) 37a		HOUR OF DEATH 37c
40A. RN PRO		38 WAS THERE AN RN PRONOUNCING?		IF YES, TIME PRONOUNCED 39 February 23, 1989		40b NAME OF PRONOUNCING REGISTERED NURSE NAME MAUREEN		PRONOUNCED DEAD (Mo., Day, Yr.) 37d
		DATE PERMIT ISSUED: January 24, 1989		RECEIVED IN THE CITY/TOWN OF: SOUTHBOROUGH		NAME: MAUREEN		PRONOUNCED DEAD (Hr.) 37e
		SIGNATURE - DR. OF HEALTH AGENCY Lisa A. Tocolotti		CLERK'S SIGNATURE PAUL J. BERRY		LICENSE NO. OF CERTIFIER 38 42224 MA		DATE OF RECORD Feb. 24, 1989

BLACK INK ONLY

Sec. 11 Lot 8 Grave 10
4-11-89 Rivet - FIA66 pg. 278
PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



STATE OF NEW HAMPSHIRE
BURIAL — TRANSIT PERMIT

Burial Permit No. 7368

City or Town of NASHUA, NH

Full name of deceased Charles William Lincoln Sr.
Place of death Nashua Hillsborough NH
(Town or City) (County) (State)
Date of death April 6, 19 89 Color What Sex Male Age 76
Cause of death Respiratory Arrest & Cardiac Arrest
Method of disposal Burial Rural Cemetery
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)
Town or City Southborough State Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
George R. Rivet Funeral Home Merrimack, N.H.
(Funeral Home) Town or City
to dispose of body of said deceased as above stated Date Issued April 7, 1989
Signature (Town Clerk, Sub-Registrar, Agency City Board of Health) City or Town of NASHUA

CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in, on 19
(Name of storage vault)
Town or City State
Signature (Sexton or person in charge of storage vault)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED on April 11 19 89 in Rural Cemetery
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)
Town or City Southborough State MA Section 11
Lot No 8 Grave No 10 Signature J. G. Mooney III
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

No. 3-89**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Sereno W. JohnsonAge 87 years..... months..... daysPlace of death 120 Northboro RdDate of death May 7, 1989Cause of death Severe Aortic Stenosis
Cancer of ProstateInterment at Rural CemeteryDate permit issued May 10, 1989Certified by Vinay Kumar M.D.No. 8-86**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to _____
(Office issuing permit)r Town of Southboro Mass.of deceased Sereno W. Johnson

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*ereby certify that the body accompanying this permit was
sed of in accordance with its termsSouthborough Rural Cemetery
(Name of cemetery or crematory) (City or town)May 11, 1989fied by Walter M. Dan
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 4-89.....**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Memorial Funeral Home
375 Broadway Newport R.I.Name of Deceased Virginia M. IartaginoAge 84 years months daysPlace of death to High Street Southborough, Mass.Date of death October 23 - 1989Cause of death Cardiac Arrhythmia &
Cardioresnal Failure
Coronary Heart Disease
Carcinoma, Kidney, Right

Interment at

Date permit issued October 24, 1989Certified by James P. Stone.....M.D.

No. 5-89

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of Deceased Joseph K. Murphy

Age 81 years months days

Place of death 2 Park Street, Southborough

Date of death November 2, 1989

Cause of death Congestive Heart Failure
Chronic Obstructive Lung DiseaseInterment at Rural Crematory - Worcester, Mass
John Curran

Date permit issued November 6, 1989

Certified by John Curran M.D.

No. 6-89.....**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Emelyn Louise WilsonAge 78 years..... months..... daysPlace of death 49 Boston RoadDate of death November 14, 1989Cause of death Acute Myocardial InfarctionInterment at Maplewood Cemetery, MarlboroDate permit issued November 17, 1989Certified by Robert C. Sumner.....M.D.No. 6-89.....**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agmt - Board of Health
Office issuing permit)Town of Southborough.....Mass.of deceased Emelyn Louise WilsonI. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsMaplewood - Marlboro
(Name of cemetery or crematory) (City or town)11-18-89Signed by AB Lentini Sept
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.